

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

422.2 12582  
932 Reg. Dist. No. 191

### 1. PLACE OF DEATH:

County Howard  
City or town Ellicott City (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Howard  
City or town Ellicott City Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Old Guilford Road  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Mary Anna Bromwell

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow  
6. (b) Name of husband or wife Wm E Bromwell  
7. Birth date of deceased (mo., day, yr.) July 11, 1868  
6. (c) If alive, give age... years  
8. AGE: Years 80 Months 5 Days 18 It less than one day hrs. min.

9. Birthplace Barto Md.  
(Town, county, and state)

10. Usual occupation at home

### 11. Industry or business

FATHER 12. Name Michael Frost  
13. Birthplace Germany  
MOTHER 14. Maiden name Unkoff  
15. Birthplace

16. Informant Gran B Gross  
Address Ellicott City Md.

17. Burial Date thereof Jan 3, 1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Meadowridge Memorial  
Location Howey Md.

18. Funeral director J.C. Digimbatton  
Address Ellicott City Md.

19. Jan 2 19 49  
(Date rec'd by registrar) Registrar John B. Longman  
Rev. B. E. E.

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948 at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 29, 1948 to Dec 29, 1948  
and that I last saw her alive on at no time 19 48

Immediate cause of death Chronic Myocarditis  
DUE TO

### DURATION

15 yrs

Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Alpha T Herbert M.D.  
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. of other  
Address Ellicott City Md. Date signed 12-29-48

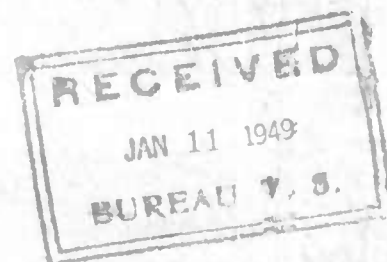
MARGIN RESERVED FOR BINDING

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9-45-48

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....Howard  
 City or town.....Elkridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6214 old Wash Rd  
 Hospital, institution, or street address where death occurred:  
434 yrs  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....MD County.....Howard  
 City or town.....Elkridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....6214 old Wash Rd  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....none

## 3. (a) FULL NAME

Emma Alberta Brundrett

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Herbert W. Brundrett

## 7. Birth date of

deceased (mo., day, yr.)

July 6 1878

## 8. AGE:

Years

Months

Days

If less than one day

70516

hrs.

min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## FATHER

## 12. Name

Geo. Williams

## 13. Birthplace

Ill

## MOTHER

## 14. Maiden name

Lana Smithson

## 15. Birthplace

Harford Co. Md

## 16. Informant

Miss Mabel Brundrett

## Address

6214 old Wash Rd Elkridge

## 17.

(Burial, cremation, or removal. Which?)

Burial

Date thereat

12/24/48

## Cemetery or crematory

Meadowridge Cema.

## Location

Howard Co., Md.

## 16. Funeral director

WM. J. TICKNER & SONS

## Address

Balto., Md.

## 19.

(Date rec'd by registrar)

Dec 23, 48A. W. Helms

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec 22 1948at 5:15 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to Dec 22 1948and that I last saw him alive on Dec 22 1948

## Immediate cause of death

Acute coronaryocclusion

## Due to

Myocardial

## Due to

Chronic

## Other conditions

General arteriosclerosisSenility

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

B. Brundrett

M. D. or other

## Address

Elkridge MdDate signed 12/23/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12583

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

## 1. PLACE OF DEATH:

County Howard  
City or town Waterloo - U.S. Route 1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
City or town Waterloo  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. U.S. Route #1 One Spot  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George E Farber

## 3. (b) Social Security Number

?

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

?

6. (b) Name of husband or wife

—

7. Birth date of deceased (mo., day, yr.)

June 22, 1877

6. (c) If alive, give age..... years

8. AGE:

71

5

9

If less than one day

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Unknown

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

"

14. Maiden name

"

15. Birthplace

"

16. Informant

Personal records

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

12-1-48  
(month) (day) (year)

Cemetery or crematory

Good Shepherd

Location

Ellicott City, Md.

18. Funeral director

J.P. Nigumbathoun

Address

Ellicott City, Md.

19.

(Date rec'd by registrar)

19 48John B. Longman  
Reg.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 1, 1948 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1, 1948 to December 1, 1948  
and that I last saw him alive on at no time

Immediate cause of death

Arterio-sclerotic  
cardio-vascular disease, Int.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address

Ellicott City, Md.

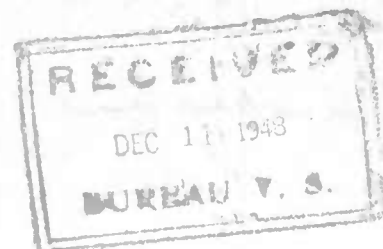
Date signed

12-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 191 190

## 1. PLACE OF DEATH:

County Howard  
 City or town Waldorf  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town Elicott City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. old Guilford Road  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Robert Lee King

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Mary Lee King

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 10, 18848. AGE: Year 64 Month 5 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Sturgis, Va.  
(Town, county, and state)10. Usual occupation Chore

11. Industry or business

12. Name J. W. King13. Birthplace Va14. Maiden name unknown15. Birthplace "16. Informant Mrs. Evelyn WimmerAddress 500 N. Belvidere Ave. Balto 5, Md17. Burial (Burial, cremation, or removal) Which? Burial Date thereof Jan 1, 1949  
(month) (day) (year)Cemetery or crematory SherwoodLocation Roanoke Va.18. Funeral director J. C. HigginbothamAddress Elicott City Md19. Dec. 30, 1948 John B. Loughran  
(Date rec'd by registrar) (month) (day) (year) RegistrarMiss E. Bird Williams, local registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948 at 8<sup>15</sup> P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28, 1948 to Dec 28, 1948and that I last saw him alive on at no time 1948Immediate cause of death compression of skull at base of brain

DURATION

Inst

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fracture of right tibia + fibula  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12-28-48Where did injury occur? Waldorf Howard Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury Motor vehicle accident Injured at work? No

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Elicott City Md Date signed 12-28-48

RECEIVED

JAN 4 1949

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH BLUE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12585

Reg. Dist. No. 190

## 1. PLACE OF DEATH:

County HowardCity or town Harwood Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Harwood  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Herbert Mc New

## 3. (b) Social Security Number

225-01-7893

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Agnes P. McNew

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) February 4, 1911

8. AGE: Years Months Days If less than one day

37928

hrs.

min.

9. Birthplace Goodwill W. Va  
(Town, county, and state)10. Usual occupation Electrician

11. Industry or business

12. Name George L. McNew13. Birthplace W. Va14. Maiden name Mattie V. Kirk15. Birthplace W. Va.16. Informant Mrs. Agnes P. McNewAddress 4919 Wright Ave. Balto 5, Md17. Burial Date thereof 12-13-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore NationalLocation Baltimore Md18. Funeral director F C DigimbothomAddress Ellwood City Md19. Dec. 11 19 48 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1948, 8A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9, 1948 to December 9, 1948 and that I last saw him alive on at no time 19 \_\_\_\_\_

Immediate cause of death

Asphyxiation due to Carbon monoxide

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

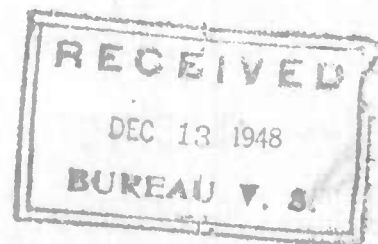
Accident, suicide, or homicide Suicide Date of 12-8-48Where did injury occur? Elkridge Howard  
(City or town) (State)Injured at home, farm, industry, public place (where?) HomeMeans of transportation Automobile Occupied at work? no

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Ellwood City Md Date signed 12-9-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12583 190

## 1. PLACE OF DEATH:

Howard Co.

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

EMMA LOUISE PEIRCE

## 3. (b) Social Security Number

none

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Samuel J. Peirce

7. Birth date of deceased (mo., day, yr.)

May 5, 1863

8. AGE: Years Months Days It less than one day

85

7

24

hrs. min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Housewife

## 11. Industry or business

12. Name

John W. Hessler

13. Birthplace

Germany

14. Maiden name

Marie DeCauber

15. Birthplace

France

16. Informant

Mr. George A. Peirce

Address

Elkridge 27, Md.

17. Burial Date thereof

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Woodlawn Cem.

Location

Woodlawn, Md.

18. Funeral director

WM. J. TICKNER &amp; SONS

Address

Balto., Md.

19. Date rec'd by registrar

Dec. 31 19 48

a.w. Hedrick

a's, Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md. Howard Co.

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Washington Blvd.

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 29,

19 48

2:35 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 to Dec 29 19 48

and that I last saw him alive on Dec 26 19 48

Immediate cause of death

Decubitus ulcers back and  
thighs & infection & gangrene  
Arthritis - a Chondritis

## DURATION

1 month  
3 + yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12579

Reg. Dist. No. 193

1. PLACE OF DEATH: Howard  
 County Lisbon  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 41 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Howard  
 City or town Lisbon  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

3. (a) FULL NAME S. FLORENCE RECK

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Charles F. A. Reck  
 7. Birth date of deceased (mo., day, yr.) Oct. 21, 1866  
 8. AGE: Years 82 Months 1 Days 21 If less than one day  
 hrs. min.

9. Birthplace Frederick Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

12. Name John Sanner  
 13. Birthplace Maryland  
 14. Maiden name Sarah Ann Schildnich  
 15. Birthplace Maryland  
 16. Informant Mr. Chas. F. A. Reck  
 Address Lisbon, Md.

17. Burial Date thereof 12-14-48  
 (Burial, cremation, or removal) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick, Maryland  
 18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. 12/14/48 48  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12th, 1948, at 1.30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 48, to Dec 12th, 19 48, and that I last saw her alive on Dec 12th, 19 48.

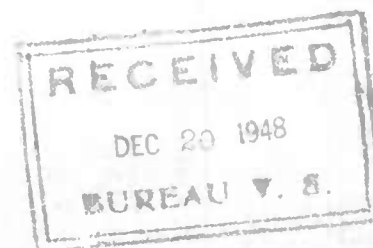
Immediate cause of death Carcinoma (Intestinal)

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Robert L. Lysone M. D. or other  
 Address Frederick, Md. Date signed 12/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

## 1. PLACE OF DEATH:

County Howard  
 City or town Waterloo - Route 1 One Spot  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town Jessups  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Wash Blvd One Spot  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Harry Robertson  
 4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced unknown

6. (b) Name of husband or wife

8. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace unknown  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER  
 12. Name unknown  
 13. Birthplace "  
 14. Maiden name "  
 15. Birthplace "

16. Informant Police Records  
 Address Waterloo Md.

17. Burial Date thereof 12-22-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Good Shepherd

Location Elmott City Md

18. Funeral director F.C. Sig. undertaker

Address Elmott City Md

19. Dec. 22, 1948  
 (Date rec'd by registrar) John P. Loughman  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 48 4<sup>30</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 48 to Dec 12 48 and that I last saw him alive on at no time 1948

Immediate cause of death

Fracture of Cervical  
vertebrae  
 Due to Just

Due to Just  
 Other conditions Compromised fracture  
of rt leg below knee  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12-12-48  
 Where did injury occur? Waterloo Howard Md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Hi-way

Means of injury auto accident Injured at work? No

23. SIGNATURE

Alpha N. Herbert M.D.  
 DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other  
 Address Elmott City Md Date signed 12-12-48

RECEIVED

DEC 27 1948

BUREAU V. S.

12581  
(9)

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: County <u>Howard</u> City or town <u>Elkridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 1/2 yrs</u> Hospital, institution, or street address where death occurred: <u>6110 Old Wash Rd.</u> How long in hospital or institution? <u>—</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>MD</u> County <u>—</u> City or town <u>Same</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>—</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>—</u>			
3.(a) FULL NAME <u>Samuel Edgar Summers</u>				3.(b) Social Security Number <u>705-10-4153</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION	
6.(b) Name of husband or wife <u>Bertha E. Summers</u>				2D. DATE OF DEATH <u>Dec 13</u> 19 <u>48</u> at <u>10 P.</u> M.			
7. Birth date of deceased (mo., day, yr.) <u>Dec 26 - 1885</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec</u> 19 <u>46</u> to <u>Dec 13</u> 19 <u>48</u> and that I last saw him alive on <u>Dec 13</u> 19 <u>48</u>			
8. AGE: Years <u>62</u>		Months <u>11</u>	Days <u>17</u>	6.(c) If alive, give age <u>61</u> years		Immediate cause of death <u>Acute coronary occlusion</u>	
9. Birthplace <u>Baltimore City and</u> (Town, county, and state)				DURATION <u>1 day</u>			
10. Usual occupation <u>Car Mechanic, 9800 Rd</u>				Due to <u>Ch. Myocarditis</u> <u>6 mo</u>			
11. Industry or business <u>Retired</u>				Due to <u>Perkins Disease</u> <u>10 yrs</u>			
MOTHER		12. Name <u>John Frederick Summers</u>		Other conditions <u>—</u>			
13. Birthplace <u>Baltimore and</u>		(Include pregnancy within 3 months of death)					
14. Maiden name <u>Edna May Boyd</u>		Major findings of operations <u>—</u>					
15. Birthplace <u>Baltimore and</u>		Date of op. <u>—</u>					
16. Informant <u>Mrs Bertha E. Summers</u>				Autopsy results <u>—</u>			
Address <u>6110 Old Wash Rd Elkridge Md</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. BURIAL Date thereof <u>DEC. 16 '48</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?)				Accident, suicide, or homicide <u>—</u> Date of <u>—</u>			
Cemetery or crematory <u>LOUDON PARK</u>				Where did injury occur? <u>—</u> (City or town) (County) (State)			
Location <u>3801 FREDERICK AVE</u>				Injured at home, farm, industry, public place (where?) <u>—</u>			
18. Funeral director <u>Harry N Witke</u>				Means of injury <u>—</u> Injured at work? <u>—</u>			
Address <u>4101 Edmondson Ave</u>				23. SIGNATURE <u>Dr BBA Amburgey</u>			
19. <u>12/16</u> <u>48</u> <u>SW Hedrick</u>				M. D. or other <u>—</u>			
(Date rec'd by registrar)				Address <u>Elkridge, Md</u> Date signed <u>12/13/48</u>			
Registrar							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12587  
195

## 1. PLACE OF DEATH:

County Howard  
City or town Jessup  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 mo  
Hospital, institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution? \_\_\_\_\_

## 3. (a) FULL NAME

Mary C. Stintz

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife late Frank W.7. Birth date of deceased (mo., day, yr.) Feb 28 - 1857 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 91 Months 9 Days 18 If less than one day \_\_\_\_\_ hrs \_\_\_\_\_ min.9. Birthplace Bethsville Prince Geo Co. Md  
(Town, county, and state)10. Usual occupation housework11. Industry or business at home12. Name Henry Pickel13. Birthplace Germany14. Maiden name unknown15. Birthplace Germany16. Informant Mrs Minnie L. BeanAddress 2741 Edmonson Ave17. burial Date thereof 12/20/48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory London Oak CemLocation 3801 Frederick Ave18. Funeral director John BonarAddress 601 Hallus St19. 12/17 19 48 Dr. Helmer  
(Registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard  
City or town Jessup  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Jessup Road  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15<sup>th</sup> 19 48 at 5-30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15<sup>th</sup> 19 48 to Dec. 15<sup>th</sup> 19 48and that I last saw her alive on Dec. 15<sup>th</sup> 19 48Immediate cause of death Carcinoma of Stomach DURATION 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arterio-sclerosis ?

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank Shipley, M.D. M. D. or other \_\_\_\_\_Savage Md. Date signed 12/17/48